

COVID-19 PUBLIC HEALTH EMERGENCY
SPECIAL PROGRAM ATTENDANCE

ACKNOWLEDGMENT AND DISCLOSURE Revised & Updated 9/27/2021

FAMILY/CHILD VERSION: This should be initialed and signed by BOTH parents.

Please read and initial each statement below.

1. _____ I understand that no person, my child included, may enter the facility premises if:

He/she has been in close contact (within 6 ft. for longer than 15 minutes) to a person suspected or diagnosed with COVID-19.

OR

He/she has 1 of the following symptoms:

- Fever of 99° F or higher
- Cough
- Shortness of Breath
- Difficulty breathing

OR

He/she has at least 2 of the following symptoms:

- Fever
- Chills
- Muscle or Body Aches
- Headache
- Sore throat
- New loss of taste or smell
- Congestion or Runny Nose
- Nausea or Vomiting
- Diarrhea

2. _____ I understand that if, during the day, any of the above symptoms appear my child will be separated from the rest of the people in the classroom. I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified.

While we understand that many of these symptoms can also be related to non-COVID-19 issues, we must proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously.

3. _____ I understand that if my child is diagnosed with COVID-19, he/she may not return to school until ALL three of the following are met:

- He/she is free from fever without the use of fever-reducing medication for at least 24 hours.
- He/she is no longer showing symptoms, including cough.
- It has been at least 10 days since the onset of his/her illness.

4. _____ I understand that if my child has had symptoms concerning for COVID-19 and is subsequently determined by a medical provider not likely to have COVID-19 infection, he/she may return to school when:

- He/she has been free from fever without the use of fever-reducing medications for at least 24 hours. (fever is temperature greater than 99° F)
- He/she has had a negative test for COVID-19 taken at least 5 days after exposure or
- A note from a medical provider documenting no clinical suspicion of COVID-19 infection.

5. _____ I will immediately notify Cary Methodist Preschool if I become aware that my child has been in close contact (within 6 feet for greater than 15 minutes) to a person suspected or diagnosed with COVID-19. In this event, I understand that my child will be excluded from school for 14 days without reimbursement of tuition while I monitor for symptoms. If symptoms develop, I will have my child evaluated and tested for COVID-19.

6. _____ I understand that during this COVID-19 Public Health Emergency, parents/guardians/those authorized for pick-up/drop-off shall always wear a face covering at all times during drop-off and pick-up and at any time entering the facility. I understand that this procedure change is for the safety of all persons present in the facility and to limit to the extent possible everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein.
7. _____ I understand that parent visits will be limited. Before entering the building, I must wait for the Director to perform a health screening and temperature check. Upon entering, I will immediately wear a mask, wash my hands, and practice social distancing.
8. _____ I understand that my child will be encouraged to wear a mask at all times while in the in the classroom. I also understand that staff cannot guarantee that every child will wear their masks at all times although we will highly encourage them.
9. _____ I understand that my child will be required to wash their hands using CDC recommended hand washing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.
10. _____ I understand that outside of school, in order to control exposure to COVID-19, the IDPH and CDC recommend social distancing and face coverings when out in public. By complying with these recommendations, I will protect myself and my child, as well as Cary Methodist Preschool's staff, children and families.
11. _____ I understand that while present in the facility each day my child will be in contact with children, families and other employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

We, _____
 certify that we have read, understand, and agree to comply with the provisions listed herein. We acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by Cary Methodist Preschool will result in termination of services. We acknowledge that care for our child will be terminated if it is determined that our actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

Child's Name: _____ DOB: _____

Parent's Name: _____

Parent's Signature: _____ Date: _____

Parent's Name: _____

Parent's Signature: _____ Date: _____